							Form Appr OMB No. 0920-	
Date		Gulf Coast Oil Spill Initial Survey				Exp. Date 08/31/2010		
Name (Last, First, MI)		Date of birth	Last for	Last four digits of social sec.		Gender	Race/Ethnicity	
		/ /				■ Male	☐ White ☐ Black	
		/ /				☐ Female	☐ Hispanic	
							Asian Other	Ĺ
Cell phone (with area code)	Street address		City	State ZIP		Email address		
Name and number of contact who will know where you are in 6 months								İ
What has been your USUAL Job prior to the On the Oil Spill, are you a: BP employee Contractor								

Government worker

post-event survey? Yes No

Don't Know

Volunteer Would you be willing to be contacted about participating in a possible

Spill?

your USUAL job?

How many years have you been working at

used and that my participation is voluntary.

## Response Work (please be as specific as possible) What will be your job or What training have you received? Are you expecting to use respiratory protection? responsibilities? (Check all that apply) Module 1: BP HSE Basic Orientation Yes Module 2: Contractor Expectations □ No ■ Module 3: Post-Emergency Spilled Oil Don't Know Cleanup Have you been fit-tested for a ☐ First Responder Awareness respirator in the last year? Will your job tasks involve the potential Annual refresher Yes of exposure to oil or oily First Responder Operations (8 hr) □ No substances? Annual refresher Don't Know Yes Hazardous Materials Technician (24 hr) ☐ No Do you smoke? ☐ Annual refresher Don't Know Yes, number of cigarettes ☐ HAZWOPER (24 hr) per day: If yes, please describe the tasks: ☐ Annual refresher No HAZWOPER (40 hr+) Prefer not to answer Annual refresher CDC recommends that adults be Other training, describe: vaccinated for tetanus every 10 years. Have you had a tetanus What are your expected deployment vaccine within the past 10 years? location(s)? Yes □ No Are you expecting to use personal ☐ Don't Know protective equipment to protect your skin? Do you have other issues or Yes concerns? How long are you planning on working □ No on the oil spill? ☐ Don't Know less than 1 week to one week Are you expecting to use personal 1 week to 2 weeks protective equipment to protect your more than 2 weeks to one month eyes (goggles or eyewear)? ■ More than one month Yes As long as the work is available ☐ No I don't know ☐ Don't Know I have read and understand the Data Use and Disclosure sheet about who is collecting this information and how it will be

Public reporting burden of this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-XXXX).

Signature